Sri Lakshmi Narayana Institute of Medical Sciences

Annexure 1

Date 20/06/2018

From
Prof.D.Baba, MS
Professor and Head,
Ophthalmology,
Sri Lakshmi Narayana Institute Of Medical Sciences
Bharath Institute of Higher Education and Research,
Chennai.

To
The Dean,
Sri Lakshmi Narayana Institute Of Medical Sciences
Bharath Institute of Higher Education and Research,
Chennai.

Sub: Permission to conduct value-added course: RETINOBLASTOMA

Dear Sir,

With reference to the subject mentioned above, the department proposes to conduct a value-added course titled: **RETINOBLASTOMA** on **JULY-2018 – OCT -2018**. We solicit your kind permission for the same.

Kind Regards

PROF.D.BABA, MS
HOD, OPHTHALMOLOGY

FOR THE USE OF DEANS OFFICE

Names of Committee members for evaluating the course:
The Dean: Prof.K.Balagurunathan, M.S,
The HOD: Prof.D.Baba M.S,
The Expert: Dr.Muthukrishnan, DNB.M.S.
The committee has discussed about the course and is approved.

Subject Expert

HOD

PROFESSOR & HOD
DEPARTMENT OF OPHTHALMOLOGY,
SRI LAKSHMI NARAYANA INSTITUTE OF MEDICAL SCIENCES
PUDUCHERRY-605 502.

OFFICE OF THE DEAN

Sri Lakshmi Narayana Institute of Medical Sciences

OSUDU, AGARAM VILLAGE, VILLIANUR COMMUNE, KUDAPAKKAM POST,
PUDUCHERRY - 605 502.
[Recognised by Medical Council of India, Ministry of Health letter No. U/12012/249/2005-ME (P -II) dt. 11/07/2011]
[Affliated to Bharath University, Chennai - TN]

Ref. No. SLIMS/Dean Off/VAC / OPH10 **Date: 20.06.2018**

From
The Dean
Sri Lakshmi Narayana Institute of Medical sciences,
Pondicherry – 605502

To
The Registrar,
Bharath Institute of Higher Education and Research,
Chennai - 600073.

Respected Sir

Sub: Request for permission and approval of Syllabus for certificate course (Value Added course) for the academic year 2018-2019 - Reg
Ref: Requesting letter received from Departments

*****

With reference to the above, herewith forwarding the proposed list of Value-added courses for necessary permission and approval of syllabus to conduct the same.

1. PENETRATING KERATOPLASTY
2. RETINOBLASTOMA

This is for your kind information and needful action.

Thanking you

Yours faithfully

[DEAN]

Encl's:

1. Requesting letter received from department
2. Syllabus of the course
3. Details of faculty handling course

Sri Lakshmi Narayana Institute of Medical Sciences,

Puducherry

VALUE ADDED COURSE –

1. PENETRATING KERATOPLASTY
2. RETINOBLASTOMA

COURSE CO-ORDINATOR DETAILS

Faculty Name: Prof.D.Baba, MS

Email ID: ophthalmologyprof@gmail.com

Mobile number: 8585485988

Bharath
INSTITUTE OF HIGHER EDUCATION AND RESEARCH
(Declared as Deemed - to - be - University under section 3 of UGC Act 1956)

Ref. No. BHIER/ VAC / OPH10 **Date: 21.06.2018**

From

The Registrar,
Bharath Institute of Higher Education and Research,
Chennai - 600073.

To

The Dean
Sri Lakshmi Narayana Institute of Medical sciences,
Pondicherry – 605502

Sir / Madam,

Sub: Approval of Syllabus to conduct certificate course (Value Added course) for the academic year 2018-2019 – Reg.

Ref: Ref. No. SLIMS/Dean Off/VAC /OPH10 Dated: 20.06.2018

*****

With reference to the above, it is to inform that the proposal submitted to conduct Value Added Course has been accepted and approved by BIHER, council meeting. List of the VAC are mentioned below for the academic year 2018– 2019. The abstract of the VAC course completion detail should be submitted to the Registrar office.

1. PENETRATING KERATOPLASTY
2. RETINOBLASTOMA

Thanking you

Yours faithfully

REGISTRAR

OFFICE OF THE DEAN

Sri Lakshmi Narayana Institute of Medical Sciences

OSUDU, AGARAM VILLAGE, VILLIANUR COMMUNE, KUDAPAKKAM POST,
PUDUCHERRY - 605 502.
[Recognised by Medical Council of India, Ministry of Health letter No. U/12012/249/2005-ME (P -II) dt. 11/07/2011]
[Affliated to Bharath University, Chennai - TN]

Circular

27.06.2018

Sub: Organising Value-added Course: RETINOBLASTOMA

With reference to the above mentioned subject, it is to bring to your notice that Sri Lakshmi Narayana Institute of Medical Sciences, **Bharath Institute of Higher Education and Research** is organizing "**RETINOBLASTOMA**". The course content and registration form is enclosed below."

The application must reach the institution along with all the necessary documents as mentioned. The hard copy of the application should be sent to the institution by registered/ speed post only so as to reach on or before 30TH JUNE 2018. Applications received after the mentioned date shall not be entertained under any circumstances.

Dean

Encl: Copy of Course content

VALUE ADDED COURSE

1. Name of the programme & Code

Retinoblastoma

2. Duration & Period

30 hrs & July -2018 – Oct -2018

3. Information Brochure and Course Content of Value Added Courses

Enclosed as Annexure- I

4. List of students enrolled

Enclosed as Annexure- II

5. Assessment procedures:

Multiple choice questions- *Enclosed as Annexure- III*

6. Certificate model

Enclosed as Annexure- IV

7. No. of times offered during the same year:

July -2018 – Oct -2018 (1)

8. Year of discontinuation: 2019

9. Summary report of each program year-wise

Value Added Course- July -2018 – Oct -2018					
Sl. No	**Course Code**	**Course Name**	**Resource Persons**	**Target Students**	**Strength & Year**
1	**OPH10**	**Retinoblastoma**	**Dr.Muthukrishnan DNB, M.S,**	30	2018

10. Course Feed Back

Enclosed as Annexure

Dr.Muthukrishnan, DNB, M.S,
(Asst.Prof)
RESOURCE PERSON

Prof. D. Baba, M.S, - HOD
COORDINATOR
PROFESSOR & HOD
DEPARTMENT OF OPHTHALMOLOGY,
SRI LAKSHMI NARAYANA INSTITUTE OF MEDICAL SCIENCES
PUDUCHERRY-605 502.

Annexure 2 – Course Proposal

Course Title: RETONOBLASTOMA

Course Objective:

1. **Definition of Retinoblastoma**
2. **Pathogenesis of Retinoblastoma**
3. **Etiology of Retinoblastoma**
4. **Rees-Ellsworth classification**
5. **International classification of Retinoblastoma**
6. **Management of Retinoblastoma**
7. **Enucleation**
8. **Follow up**

Course Outcome: On successful completion of the course the students will be able to diagnose, understand and classify retinoblastoma; make a detailed representation of the pathological changes in same.

Course Audience: MBBS UNDERGRADUATES

Course Coordinator: PROF.D.BABA, MS,

Course Faculties with Qualification and Designation:

1. **Prof.D.Baba, MS, - HOD Ophthalmology**
2. **Dr.Muthukrishnan, DNB, M.S,**

Course Curriculum/Topics with schedule (Min of 30 hours)

SlNo	Date	Topic	Time	Hours
1.	10/7/2018	**Definition of Retinoblastoma**	4-6PM	2
2.	15/7/2018	**Pathogenesis of Retinoblastoma**	4-7PM	3
3.	22/7/2018	**Pathogenesis of Retinoblastoma**	4-6PM	3
4.	25/7/2018	**Etiology of Retinoblastoma**	4-6PM	2
5.	29/7/2018	**Etiology of Retinoblastom**	4-7PM	3
6.	09/8/2018	**Rees-Ellsworth classification**	4-7PM	3
7.	10/8/2018	**International classification of Retinoblastoma**	4-7PM	3
8.	15/8/2018	**Management of Retinoblastoma**	4-6PM	2
9.	18/8/2018	**Management of Retinoblastoma**	4-6PM	2
10.	20/8/2018	**Enucleation**	4-7PM	3
11.	25/8/2018	**Follow up**	4-6PM	2

12.	29/8/2018	**Follow up**	4-6PM	2
			TOTAL HOURS	30

REFERENCE BOOKS: (Minimum 2)

1. JACK J KANSKI clinical ophthalmology a systemic approach-6th edition.
2. PARSON'S Diseases of the eye – 19th edition

RETINOBLASTOMA

Classification of retinal tumors

A. *Primary tumours*
1. *Neuroblastic tumours.* These arise from sensory retina (retinoblastoma and astrocytoma) and pigment epithelium (benign epithelioma and melanotic malignant tumours).
2. *Mesodermal angiomata* e.g., cavernous haemangioma.
3. *Phakomatoses.* These include: angiomatosis retinae (von Hippel-Lindau disease), tuberous sclerosis (Bourneville's disease), neurofibromatosis (von Recklinghausen's disease and encephalo-trigeminal angiomatosis (Sturge-Weber syndrome).

B. *Secondary tumours*
1. *Direct extension* e.g., from malignant melanoma of the choroid.
2. *Metastatic carcinomas* from the gastrointestinal tract, genitourinary tract, lungs, and pancreas.
3. *Metastatic sarcomas.*
4. Metastatic malignant melanoma from the skin.

RETINOBLASTOMA

It is a common congenital malignant tumour arising from the neurosensory retina in one or both eyes.

Incidence

1. It is the most common intraocular tumour of childhood occurring 1 in 20,000 live births.
2. *Age.* Though congenital, it is not recognised at birth, and is usually seen between 1 and 2 years of age.
3. *Sex.* There is no sex predisposition.
4. *Race.* It is rarer in Negroes than Whites.
5. *Bilaterality.* In 25-30 percent cases, there is bilateral involvement, although one eye is affected more extensively and earlier than the other.

Genetics and heredity

Retinoblastoma (RB) gene has been identified as 14 band on the long-arm of chromosome 13 (13q 14) and is a 'cancer suppressor' or 'antioncogenic' gene. Deletion or inactivation of this protective gene by two mutations (*Knudson's two hit hypothesis*) results in occurrence of retinoblastoma.
Retinoblastoma may arise as hereditary and nonherditary forms.

1. ***Hereditary or familial cases.*** In such cases first hit (mutation) occurs in one of the parental germ cells before fertilization. This means mutation will occur in all somatic cells (predisposing to develop even nonocular tumour). Second hit (mutation) occurs late in postzygote phase and affects the second allele, resulting in development of retinoblastoma.

facts about hereditary retinoblastoma:
- Accounts for 40% of all cases.
- All bilateral cases and about 15% of the unilateral cases are hereditary.
- Most hereditary cases are multifocal.
- Some hereditary cases have trilateral retinoblastoma (i.e., have associated pinealoblastoma).
- Inheritance is autosomal dominant and the risk of transmitting the gene mutation is 50%. Because of high peneterance 40% of offspring of a surviver of heraditary retinoblastoma will develop the tumour.
- There are 40% chances of developing tumour in a sibling of a child with bilateral retinoblastoma (with unaffected parents).

2. ***Non-hereditary or sporadic cases.*** In nonhereditary cases both hits (mutations) occur in the embryo after fertilization and in the same retinal cell. Some *facts about non-hereditary (somatic) retinoblastoma* are:
- Accounts for 60% of all cases.
- All non-hereditary cases are unilateral and unifocal and accounts for 85% of the all unilateral cases of retinoblastoma.
- Patient is not predisposed to get second nonocular cancer.
- Tumour is not transmissible.

Pathology

Origin. It arises as malignant proliferation of the immature retinal neural cells called, *retinoblasts,* which have lost both antioncogenic genes.

Histopathology.

Growth chiefly consists of small round cells with large nuclei, resembling the cells of the nuclear layer of retina. These cells may present as a highly undifferentiated or well-differentiated tumour.

Microscopic features of a well differentiated tumour include Flexner-Wintersteiner rosettes, (highly specific of retinoblastoma), Homer-Wright rosettes, pseudorosettes and fleurettes formation

Clinical picture

It may be divided into four stages:

I. *Quiescent stage.* It lasts for about 6 months to one year. During this stage, child may have any of the following features:
1. *Leukocoria or yellowish-white pupillary reflex* (also called as *amaurotic cat's eye appearance)* is the commonest feature.

2. *Squint,* usually convergent, may develop in some cases.
3. *Nystagmus* is a rare feature, noticed in bilateral cases.

4. *Defective vision.* Very rarely, when the tumour arises late (3-5 years of age), the child may complain of defective vision.
5. *Ophthalmoscopic features of tumour.* In the early stages, before the appearance of leukocoria, fundus examination after full mydriasis may reveal the growth.
Ophthalmoscopic signs in two types of retinoblastoma are as follows:

i. *Endophytic retinoblastoma*:
It grows inwards from the retina into the vitreous cavity.
On ophthalmoscopic examination, the tumour looks like a well circumscribed polypoidal mass of white or pearly pink in colour. Fine blood vessels and sometimes a haemorrhage may be present on its surface. In the presence of calcification, it gives the typical 'cottage cheese' appearance. There may be multiple growths projecting into the vitreous.

ii. *Exophytic retinoblastoma.* It grows outwards and separates the retina from the choroid. On fundus examination it gives appearance of exudative retinal detachment.

II. *Glaucomatous stage*. It develops when retinoblastoma is left untreated during the quiescent stage. This stage is characterised by severe pain, redness, and watering.

Signs. Eyeball is enlarged with apparent proptosis, conjunctiva is congested, cornea become hazy, intraocular pressure is raised.

III. *Stage of extraocular extension*.
Due to progressive enlargement, of tumour the globe bursts through the sclera, usually near the limbus or near the optic disc. It is followed by rapid fungation and

involvement of extraocular tissues resulting in marked proptosis.

IV. ***Stage of distant metastasis.*** It is characterised by the involvement of distant structures as follows:
1. *Lymphatic spread* first occurs in the preauricular and neighbouring lymph nodes.
2. *Direct extension* by continuity to the optic nerve and brain is common.
3. *Metastasis by blood stream* involves cranial and other bones. Metastasis in other organs, usually the liver, is relatively rare.

Differential diagnosis

1. ***Differential diagnosis of leukocoria.***
'*pseudoglioma*'. A few common conditions are congenital cataract, inflammatory deposits in vitreous following a plastic cyclitis or choroiditis, coloboma of the choroid, the retrolental fibroplasia (retinopathy of prematurity), persistent hyperplastic primary vitreous, toxocara endophthalmitis and exudative retinopathy of Coats.
2. ***Endophytic retinoblastoma*** discovered on fundus examination should be differentiated from retinal tumours in tuberous sclerosis and neurofibromatosis, astrocytoma and a patch of exudative choroiditis.
3. ***Exophytic retinoblastoma*** should be differentiated from other causes of exudative retinal detachment

Diagnosis

1. *Examination under anaesthesia:* It should be performed in all clinically suspected cases. It should include fundus examination of both eyes after full mydriasis with atropine (direct as well as indirect ophthalmoscopy), measurement of intraocular pressure and corneal diameter.

2. *Plain X-rays of orbit* may show calcification which occurs in 75 percent cases of retinoblastoma.

3. *Lactic dehydrogenase (LDH)* level is raised in aqueous humour.

4. *Ultrasonography and CT scanning* are very useful in the diagnosis. CT also demonstrates extension to optic nerve, orbit and CNS.

Treatment

1. ***Tumour destructive therapy.*** When tumour is diagnosed at an early stage I i.e., when tumour is involving less than half of retina and optic nerve is not involved (usually in the second eye of bilateral

cases), it may be treated conservatively by any one or more of the following tumour destructive methods depending upon the size and location of the tumour: Present recomendations are for sequential aggressive local therapy (SALT) comprising of multimodality therapy as below:

_*Chemoreduction followed by local therapy* (Cryotherapy, thermochemotherapy or brachytherapy) is recommended for large tumours (>12 mm in diameter)

_*Radiotherapy* (external beam radiotherapy i.e., EBRT or brachytherapy) combined with *chemotherapy* is recommended for medium size tumour <12 mm in diameter and <8mm in thickness).

_*Cryotherapy* is indicated for a small tumour (<4.5 mm indiameter and <2.5 mm in thickness) located anterior to equator.

_*Laser photocoagulation* is used for a small tumour located posterior to equator <3 mm from fovea.

_*Thermotherapy* with diode laser is used for a small tumour located posterior to equator away from macula.

2. *Enucleation.*

_Tumour involves more than half of the retina.

_Optic nerve is involved.

_Glaucoma is present and anterior chamber is involved.

The eyeball should be enucleated along with maximum length of the optic nerve taking special care not to perforate the eyeball.

If optic nerve shows invasion, postoperative treatment should include:

_*Radiotherapy* (5000 rads) should be applied to the orbital apex.

_*Chemotherapy*, consisting of vincristine, carboplatin, and etoposide which may be combined with cyclosporin should be supplemented.

3. *Palliative therapy* is given in following cases where prognosis for life is dismal in spite of aggressive treatment:

_Retinoblastoma with orbital extension,

_Retinoblastoma with intracranial extension, and

_Retinoblastoma with distant metastasis.

Palliative therapy should include combination of :

_Chemotherapy,

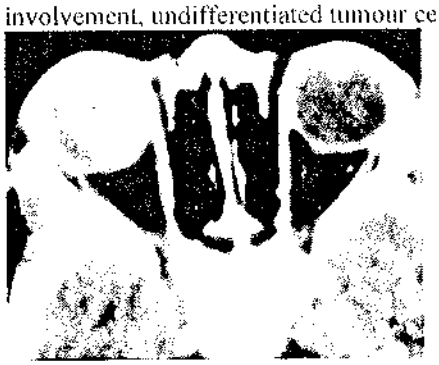
_Surgical debulking of the orbit or orbital exentration, and

_External beam radiotherapy (EBRT)

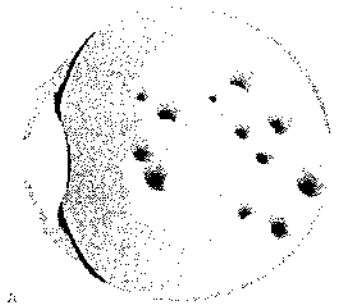
Note: Exentration of the orbit (a mutilating surgery commonly performed in the past) is now not preferred by many surgeons.

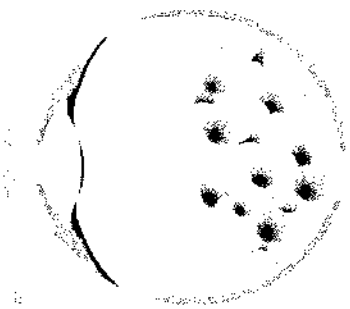
Prognosis

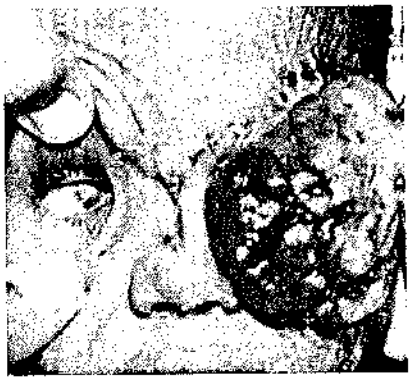
1. If untreated the prognosis is almost always bad and the patient invariably dies. Rarely *spontaneous regression* with resultant cure and shrinkage of the eyeball may occur due to necrosis followed by calcification; suggesting role of some *immunological phenomenon.*
2. Prognosis is fair (survival rate 70-85%) if the eyeball is enucleated before the occurrence of extraocular extension.
3. *Poor prognostic factors are:* Optic nerve involvement, undifferentiated tumour cells.



CT Scan showing retinoblastoma.







Annexure- II

VALUE ADDED COURSE

RETINOBLASTOMA

4. List of Students Enrolled JULY - 2018 – OCT -2018

SL.NO	University Reg.No.	NAME OF THE STUDENTS	SIGNATURE
1	U18MB281	DEVARAPALLI SAI TEJASWINI	
2	U18MB282	DHANUSHA S	
3	U18MB283	DHARANEESHWARAN .S	
4	U18MB284	DHISHVANTH DHEEPAK A.N	
5	U18MB285	DHYAN DAVID S.V	
6	U18MB286	DISHA SHEORAN	
7	U18MB287	DODIYA RAJANSINH KAMALSINH	
8	U18MB288	DONNIE OLIVIA H	
9	U18MB289	EASWAR B	
10	U18MB290	ELDHO BABU	
11	U18MB291	FAUSTINA BAJWIN .S	
12	U18MB292	G SRI SAI NITISH	
13	U18MB293	GAUR DARSHANA PURUSHOTTAM GAUR	
14	U18MB294	GHATKAR SAYALI KRISHNA	
15	U18MB295	GOKUL M S	
16	U18MB296	GOPIKA .P	
17	U18MB297	HARI BALA SIDDHARTH T.R	
18	U18MB298	HARSHINI R C	
19	U18MB299	HIBA MOIDEEN .K	
20	U18MB300	INDHU S	
21	U18MB301	INDU V	

22	U18MB302	INDUKURI SAI AKANKSHA	Indukuri Sai Akanksha
23	U18MB303	IPSITA SETHY	Ipsita Sethy
24	U18MB304	JAGADEESAN S.R	Jagadeesan S.R
25	U18MB305	JAHNAVI REDDY .M	Jahnavi Reddy
26	U18MB306	JAISHREE .S	Jaishree .S
27	U18MB307	JANANI V	Janani V
28	U18MB308	JASMEET NIRANJAN	Jasmeet Niranjan
29	U18MB309	JAYALAKSHMI S	Jayalakshmi S
30	U18MB310	JAYAREDDYGARI SAI RUCHITHA	Jayareddygari Sai Ruchitha

Dr.Muthukrishnan, DNB, M.S,
(Asst.Prof)

RESOURCE PERSON

Prof. D. Baba, M.S,- HOD

COORDINATOR

PROFESSOR & HOD
DEPARTMENT OF OPHTHALMOLOGY,
SRI LAKSHMI NARAYANA INSTITUTE OF MEDICAL SCIENCES
PUDUCHERRY-605 502.

SRI LAKSHMI NARAYANA INSTITUE OF HIGHER EDUCATON AND RESEARCH

Annexure - IV

RETINOBLASTOMA

MULTIPLE CHOICE QUESTIONS

Course Code: OPH10

I. ANSWER ALL THE QUESTIONS

1. Amaurotic Cat's eye reflex is seen in
   a. Retinoblastoma
   b. Retinal detachment
   c. Retinitis pigmentosa
   d. Retrobulbar neuritis
2. Commonest intraocular tumour in children is
   a. Retinoblastoma
   b. Malignant melanoma
   c. Teratoma
   d. Neuroblastoma
   e. Diktyoma
3. About retinoblastoma, all are true except:
   a. Males > Females
   b. Less then 10 years of age
   c. Hereditary transmission
   d. Origin from neuroectoderm
4. Dystrophic calcification is seen in
   a. Retinoblastoma
   b. Rhabdomyosarcoma
   c. Glioma
   d. Malignant melanoma

5. Retinoblastoma is
    a. Benign tumour
    b. Highly malignant tumour
    c. Congenital defect
    d. Inflammation
    e. Degeneration
6. Retinoblastoma metastasises to
    a. Preauricular lymph nodes
    b. Cranial bones
    c. Optic nerve
    d. Brain
    e. All of the above
7. Retinoblastoma
    a. Is most common in early adolescence
    b. Is almost always bilateral
    c. May grow along the optic nerve into the brain
    d. Is treated by local excision with preservation of sclera for cosmetics reasons
    e. All of the above
8. The treatment of choice in a child with a unilateral retinoblastoma of intra ocular stage is
    a. Evisceration
    b. Enucleation
    c. Exenteration
    d. Irradiation
    e. Excision

9. Retinoblastoma presenting features may not include :
    a. Anisocoria
    b. Watering eye
    c. Double vision
    d. Convergent strabismus
10. Microscopically the retinoblastoma
    a. Shows calcium deposits
    b. Shows cell with large hyperchromatic nuclei
    c. Is composed of undifferentiated neuroblastic cells
    d. Contains numerous well-formed rosettes
    e. All of above

Sri Lakshmi Narayana Institute of Medical Sciences

This is to certify that DEVARAPALLI SAI TEJASWINI (U18MB281) has actively participated in the Value Added Course on RETINOBLASTOMA held during JUL 2018 TO OCT 2018 Organized by Sri Lakshmi Narayana Institute of Medical Sciences, Pondicherry- 605 502, India.

Dr.Muthukrishnan,
DNB, M.S, - Asst Professor
RESOURCE PERSON

Prof.D.Baba, M.S,
Prof & HOD - Ophthal
COORDINATOR

Sri Lakshmi Narayana Institute of Medical Sciences

This is to certify that DHANUSHA S (U18MB282) has actively participated in the Value Added Course on RETINOBLASTOMA held during JUL 2018 TO OCT 2018 Organized by Sri Lakshmi Narayana Institute of Medical Sciences, Pondicherry- 605 502, India.

Dr.Muthukrishnan,
DNB, M.S, - Asst Professor
RESOURCE PERSON

Prof.D.Baba, M.S,
Prof & HOD - Ophthal
COORDINATOR

Student Feedback Form

Course Name: **RETINOBLASTOMA**

Subject Code: **OPH10**

Name of Student: Dasari Apoorva Sai Prakash Roll No.: 18MBR21

We are constantly looking to improve our classes and deliver the best training to you. Your evaluations, comments and suggestions will help us to improve our performance

Sl. NO	Particulars	1	2	3	4	5
1	Objective of the course is clear				✓	
2	Course contents met with your expectations					✓
3	Lecturer sequence was well planned					✓
4	Lectures were clear and easy to understand					✓
5	Teaching aids were effective			✓		
6	Instructors encourage interaction and were helpful				✓	
7	The level of the course					✓
8	Overall rating of the course	1	2	3	4	5

** Rating: 5 – Outstanding; 4 - Excellent; 3 – Good; 2– Satisfactory; 1 - Not-Satisfactory*

Suggestions if any:

Signature

Date:

Annexure 5

Date : 29/4/2018

From
Prof.D.Baba, MS,
Professor and Head,
Ophthalmology,
Sri Lakshmi Narayana Institute Of Medical Sciences
Bharath Institute of Higher Education and Research,
Chennai.

Through Proper Channel

To
The Dean,
Sri Lakshmi Narayana Institute Of Medical Sciences
Bharath Institute of Higher Education and Research,
Chennai.

Sub: Completion of value-added course: RETINOBLASTOMA

Dear Sir,

With reference to the subject mentioned above, the department has conducted the value-added course titled: **RETINOBLASTOMA** for 30students in JULY-OCT- 2018. We solicit your kind action to send certificates for the participants, that is attached with this letter. Also, I am attaching the photographs captured during the conduct of the course.

Kind Regards

Prof.D.Baba, MS

HOD ,Ophthalmology

Encl: Certificates

Photographs